EXAMINATION IN BEHAVIOURAL SCIENCE
Medicine 4th year – AOK-KA591

THESIS FOR ORAL EXAM

INTRODUCTION TO PSYCHOLOGY, BASICS OF NURSING, COMMUNICATION SKILLS
Medicine 1st year – AOK-KUA080

1. **Perspectives of psychology**: biological-cognitive neuroscience, individual perspective, social psychology
2. **Main approaches of individual perspective**: cognitive-behavior/experimental psychology, psychodynamic, humanistic
3. **Perception 1) recognition-identification** of the objects (bottom-up, top down processes, gestalt, geons)
4. **Perception 2) constancies** (color, shape, size), bottom-up, top down processes
5. **Perception 3) localization** (distance perception, motion perception, efferent copy)
6. **Perception 4) abstractions-schemas**
8. **Stages of memory**: Atkinson-Shiffrin theory
9. **Working memory**: ~ span, function, structure, Baddeley model
10. **Long-term memory 1) explicit memory**: coding, retrieving, theories of forgetting, forgetting and emotions,
11. **Long-term memory 2) implicit memory**: priming, classical conditioning, skills, ~ and amnesia
12. **Motivation**: homeostasis, basic drives, incentive theory, the relationship between the drives and incentives, Hebb’s optimal arousal theory, Maslow hierarchy
13. **Attitude and attitude change**: cognitive dissonance and attitude change, foot in the door technique, rationalization, levels of attitude change (obedience, identification, internalization), sandwich technique, elaboration likelihood model
14. **Social influence**: social facilitation and inhibition, deindividuation, bystander intervention and diffusion of responsibility
15. **Obedience**: obedience to authority (Milgram experiment), *conformity* (Ash experiment), informational social influence, normative social influence
16. **Group processes**: group decision making, group think, group polarization, reference groups
17. **Emotions 1) James-Lange and followers**: bodily changes and emotions, James-Lange theory, Cannon-Bard’s critics, somatic marker theory
18. **Emotions 2) emotional expressions**: facial feedback hypothesis, basic emotions (Ekman), evolutionary role of the emotions in communication (Darwin)
19. Emotions 3) cognitive component of the emotions: components of emotion, two-factor theory, Schacter-Singer experiment, misattribution of arousal, cognitive appraisal (Lazarus), regulation of emotion and the marshmallow test

20. Impression formation: stereotype and top down processes, schemas, primacy effect, self-fulfilling prophecy, individuation, fundamental attribution error

21. Nature-nurture debate: concept of the tabula rasa, maturation, critical periods (example), sensitive periods

22. Intelligence 1) psychological tests, classification: performance and personality tests, difference between the Binet and Weschler test, WAIS: verbal IQ - performance IQ

23. Intelligence 2) general intelligence (g=general): factor analytical process, what kind of mental processes are measured by the tests?

24. Intelligence 3) mental retardation, dementia, crystallized scores/ fluid scores

25. Psychoanalytic personality theory 1) topographic and structural model: definition of personality, conscious- pre-conscious- unconscious; id - ego- superego

26. Psychoanalytic personality theory 2) definition of personality, personality dynamics, defense mechanism (list min. 6), projective tests

27. Psychoanalytic development theories 1) Freud: definition of personality, psychosexual stages

28. Psychoanalytic development theories 2) Erikson: definition of personality, psychosocial stages

29. Behavior personality- and development theory: definition of personality, tabula rasa, learning processes, role of classical conditioning and instrumental (operant) conditioning in social learning, observational learning

30. Cognitive personality and development theory: definition of personality, Kelly’s personal construct theory, self-schema

31. Humanistic personality theory: definition of personality, Rogers (self-actualizing tendency, client-centered therapy, ideal and actual self, unconditional positive regard, Q-sorting, Maslow’s hierarchy of needs

32. Personality: Big5

33. Classical conditioning: UCR, UCS, CR, CS, extinction, second-order conditioning, generalization and discrimination

34. Instrumental conditioning: law of effect, positive and negative reinforcement, positive and negative punishment, shaping, conditioned reinforcers, partial-reinforcement (ratio and interval schedules), escape learning, avoidance learning

35. Complex learning cognitive map, observational learning

36. Levels of communication: information level, metacommunicational level

37. Channels of communication: elements of communication, verbal and nonverbal channels

The topic list in the final exam will ONLY contain the titles which are written with bold letters!
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Medicine 4th year – AOK-KA591

THEESIS FOR ORAL EXAM

MEDICAL PSYCHOLOGY I.
Medicine 3rd year – AOK-KUA190

1. **System theory**: circular causality; nonsummativity; equifinality; communication; homeostasis; morphogenesis; multilevel hierarchy

2. **Background of non-adaptive behavior** (determinants of the behavior regulation, examples for failure of operant behavior, negative reinforcement and setting blood pressure, predisposition for reinforcements and punishments, ethology dimensions linguistic-symbolic regulation and its negative aspects)

3. **Symptom perception 1)**: responses to symptoms, accuracy of perception, individual differences

4. **Symptom perception 2)**: role of attention, expectations, other influencing factors, signal detection theory, “cyberchondria”

5. **Symptom reporting**: influencing factors, non-specific symptoms, interpretation

6. **Adherence 1)**: difference between the terminology adherence–compliance, spectrum, data collecting methods

7. **Adherence 2) Factors influencing adherence**: environment, illness, patient, doctor, therapy

8. **Adherence 3) Improving adherence**: social, pharmacotherapy, communication: motivational interview, assessment of readiness to change

9. **Stress 1) definition**: Cannon flight-fight reaction, Selye: GAS

10. **Stress 2)** cognitive model, Lazarus cognitive appraisal theory

11. **Stress 3) Main characteristics of stressors; stress and hierarchy**

12. **Burnout 1) high risk population** in medicine, statistics; multidimensional model (work related causes, lifestyle causes, personality traits)

13. **Burnout 2) stages of burnout** (enthusiasm – stagnation – frustration – apathy – symptoms/psychosomatic as well – intervention (at any stage); recognition, prevention, professional treatment (barriers in seeking help)

14. **Burnout 3) symptoms of burnout, coping with burnout, consequences**: Maslach Burnout Inventory (MBI): exhaustion, cynicism – depersonalization, inefficacy; coping: working harder and longer, belief of immunity to difficulties, failure to recognize own mental problems, self-medication; consequences: medical errors, marital problems, psychological problems: substances misuses – abuses, suicide risk...

15. **Chronic illness 1) as a challenge in modern medicine**: crisis theory, common emotional reactions, chronic illness and family, recognition of anxiety and depression
16. **Chronic illness 2)** psychological treatment, easy to use special interventions (expressive writing, interventions: creative activity, meditation/relaxation, illness narrative, recovery letter)

17. **Death, dying:** Elisabeth Kübler-Ross: reaction to terminal illness; 5 stages of dying (denial, anger, bargaining, depression, acceptance), delivering bad news

18. **Bereavement 1)** definition, dynamic process, communication: What helps, what doesn’t?, communicational obstacles of grief

19. **Bereavement 2)** unresolved grief (complicated: chronic, hypertrophic, delayed grief); consequence of unresolved grief; factors which increase grief: attachment (closely attached person; close, dependent, ambivalent relationship); situation (unexpected exp. suicide); guilt (real/imagined), loneliness

20. **Attachment 1)** antecedents and history: definition, J. Bowlby, M. Ainsworth, types (“strange situation” experiment: types of attachment)

21. **Attachment 2)** stages of attachment (undifferentiated; recognition/differentiation; active attachment; partnership)

22. **Attachment 3)** in adulthood (influence of attachment on patient–physician relationship)

23. **Health:** Classic and actual definition of health by the WHO. Definition of health behavior. Definition of health promotion. Some principles of health promotion in primary care. SMART.

24. **Salutogenesis:** concept, sense of coherence and its 3 components, generalized resistance resources

25. **Locus of control:** external, internal and their relationship with health outcomes

26. **Optimism:** concept (~ as trait and as attribution style), optimism as a health protective factor, it’s relationship with the coping style. When is it counterproductive?

27. **Health belief model:** concept, components (perceived seriousness/susceptibility/benefits/barriers)

28. **Family 1)** psychodynamic perspective (individual, intrapsychic domain: personality, ego-structure, -differentiation, defense mechanism; relational, interpersonal perspective: unconscious messages: projections, expectations, mission, extrusion)

29. **Family 2)** communicational interactions (dyadic, triadic situations)

30. **Family 3)** as a system (hierarchy, boundaries, structure, role of the children; development of the system – life cycles, family therapy – advantages, difficulties)

31. **Definition of suggestion** (definition, criteria) and factors that increase suggestibility (altered state of consciousness, fear etc.)

32. **Features of spontaneous trance in disease:** typical forms of negative suggestions, paradoxical intentionality

33. **Rules of constructing effective suggestions** (positive wording, motivation etc.) and complex strategies (pacing-leading, yes-set, reframing)

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EXAMINATION IN BEHAVIOURAL SCIENCE  
Medicine 4th year – AOK-KA591

THESIS FOR ORAL EXAM

MEDICAL PSYCHOLOGY II.
Medicine 4th year – AOK-KA960

1. Consciousness 1) disorders/ syndromes/ levels of Consciousness: vigilance: Somnolence: sleepiness, drowsiness (strong desire for sleep, can fall asleep easily if he is alone)-> Sopor: (Can be aroused by strong stimuli, than fall back to sleep)-> Coma: (Does not respond even strong stimuli) / Glasgow coma scale (eye, motor, verbal responses)

2. Consciousness 2) syndromes of awareness: Locked in syndr. -> Minimally Conscious State (Deliberate movements, some minimal deliberate reactions) -> Vegetative state (Wakefulness, but only automatic responses) -> Brain death /= human death determined by neurological criteria: 1) loss of all brainstem reflexes and 2) apnea- in a persistently comatose patient. + 3) Evidence for the cause of coma -> A repeat evaluation in 6h/

3. Consciousness 3) syndromes of integrity: Loose Consciousness: absent minded -> Confusion: total disintegration of consciousness


5. Consciousness 5) subjective quality, and intentionality: ethical / legal consequences
   I) Personal experience/experience quality -> Sickness/ Pain
   II) Intentionality: free will -> Autonomy (Ability to Act/ Think)

6. Psycho-Neuro-Immunology 1): definition, modern physiology, Solomon postulates
   Cannon, Selye, Ader, Solomon

7. Psycho-Neuro-Immunology 2): CNS influences immune system
   Thymus, Spleen, Lymph nodes – direct sympathetic innervation; Noradrenergic terminals – „contact” with lymphocytes; Neurotransmitter receptors on Immune cells

8. Psycho-Neuro-Immunology 3): Immune system influence on CNS
   Cytokines, blood–brain barrier, immune mechanism – illness behavior

   Type 1 – Type 2 Immunity, Assessing Sources of stress

10. Stress pathways and mediators of tumor development
   (4 main pathways: behavior, DNA, Immune system, vascular endothelial growth factor. Type C personality-critique, special psychosocial patterns. Coping theory, cognitive appraisals. Oncological patient’s coping strategies (5)

11. Management of medically unexplained symptoms
17. Anxiety Definition. Biological approach. Neural correlates and the two roads of fear (LeDoux)
18. Personality disorders 1): DSM-5 categories A, B, C clusters
20. Psychological interventions 1): indication, criteria, 3 main trends
   personality – development of personality model– sickness model – therapeutic model and techniques
   classical conditioning, instrumental conditioning, schema and negative automatic thoughts
23. Psychological interventions 4): Humanistic trend
   Logotherapy, Client-centered therapy
24. Psychological interventions 5): Counseling
   Theories of counseling, area of use, Humanistic approach

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